

PAST MEDICAL/SURGICAL HISTORY:

(/) Patient denies any significant past medical history.

(/) Patient denies any significant past surgical history.

Significant for _____

MEDICATIONS:

0

ALLERGIES:

No known drug allergies. Patient is allergic to 0

SOCIAL/PERSONAL HISTORY:

The patient is single/~~married~~/widowed/divorced male/female who has 2 child(ren).

Family History:

Non-contributory

Mother: History of 0

Father: History of 0

Sibling: History of 0

Review of Systems:

Non-Contributory

WA 127 12 12-65

Physical Examination:

The patient is a right/left handed, well developed, well nourished, female/male in no/acute distress. Patient is alert and oriented to time, place and person; memory is intact. The examination on the cranial nerves II-XII revealed no obvious deficits.

Head:

The head is normocephalic. There is no evidence of contusion, ecchymoses or lacerations of the scalp. There are no tender spots and no enlarged areas. (However, the patient complained of intermittent/constant headaches since the trauma).

Cervical Spine

There is no evidence of antalgic posturing at the cervical spine. There is muscle spasms and tenderness to the digital palpation of the right and left trapezium, deltoid, supraspinatus, infraspinatus teres muscles and also the cervical paraspinal muscles. Cervical spine motion studies reveal the following athrometric readings:

	Normal	Exam	Pain
Flexion	50		+ Upon extreme of motion
Extension	60		+ Upon extreme of motion
Right Lateral Flexion	40		+ Upon extreme of motion
Left Lateral Flexion	40		+ Upon extreme of motion
Right Rotation	80		+ Upon extreme of motion
Left Rotation	80		+ Upon extreme of motion

Handwritten mark resembling a large right curly bracket.

Lumbar Spine

There is no evidence of antalgic posturing at the lumbosacral spine. There is muscle spasms and tenderness to digital palpation of the right and left lumbosacral paraspinal muscles. There are multiple myofascial trigger points present. Lumbar spine motion studies reveal the following athrometric readings:

	Normal	Exam	Pain
Flexion	90		+ Upon extreme of motion
Extension	30		+ Upon extreme of motion
Right Lateral Flexion	20		+ Upon extreme of motion
Left Lateral Flexion	20		+ Upon extreme of motion
Right Rotation	30		+ Upon extreme of motion
Left Rotation	30		+ Upon extreme of motion

Handwritten mark resembling a large right curly bracket.

Straight leg raise (Lasegue's) test was positive/negative on the right _____ degree and left _____ degree. Patient is able/unable to ambulate on heel-toe without major difficulty.

Thoracic Spine

Handwritten mark resembling the word "Well".

There appears to be tenderness on palpation of the thoracic paraspinal muscles. Myofascial trigger points are palpable at levels T _____ - T _____ on the right and left.

() The patient will also be referred for an MRI of the neck, low back,
to further evaluate for possible herniated nucleus
pulposus/internal derangement of the same

(✓) The patient will also undergo CMT/ROM studies in order to follow the patient's
functional changes and document the patient's progress. The CMT/ROM studies will take
place at the beginning, midpoint and discharge time of the physical therapy program with
home exercise program, written after the final CMT

(✓) The patient will be re-evaluated in one month, the patient is to continue with
physical therapy program

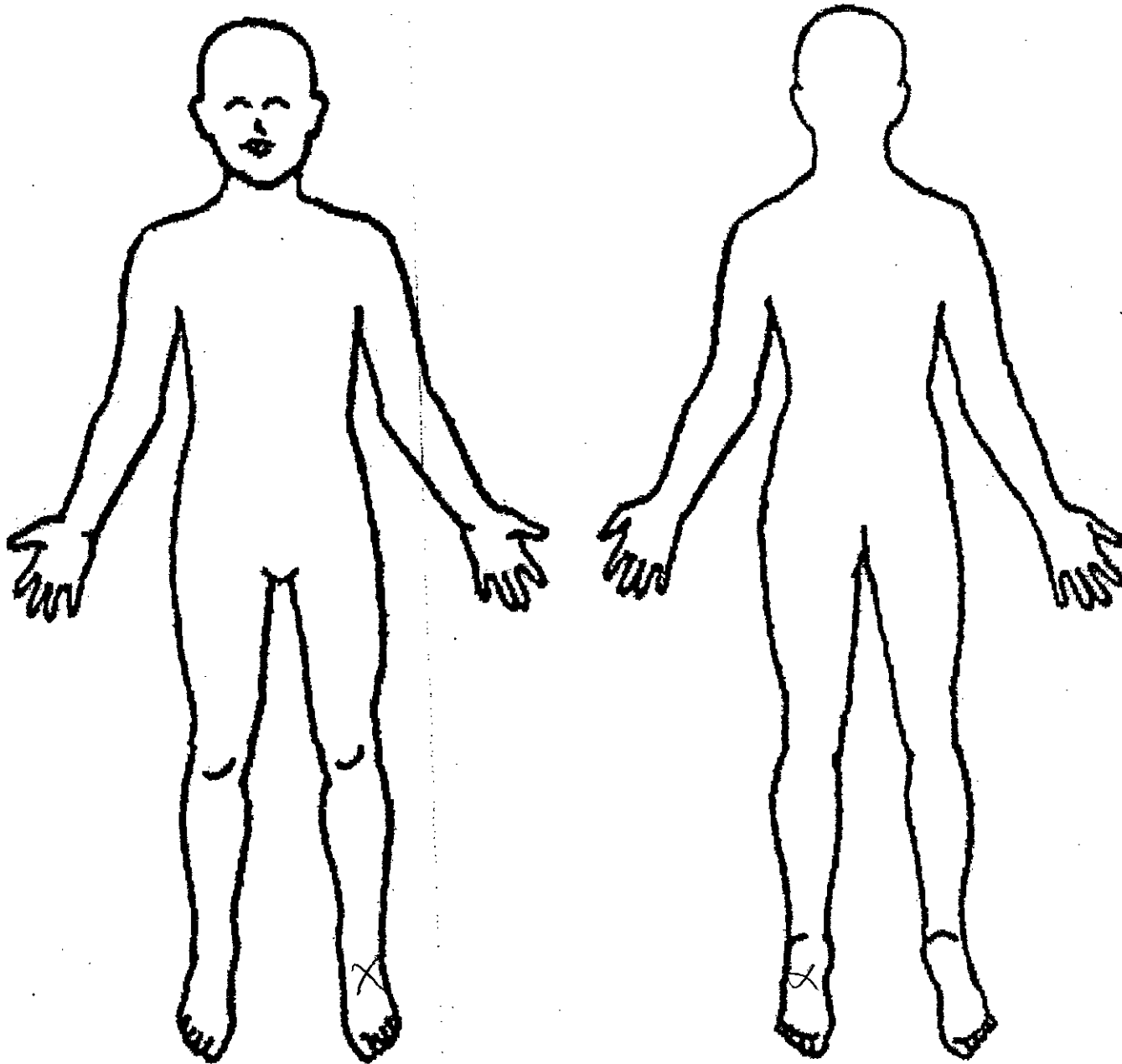
② Durn LEE is vertebrological scan on low back - healed.
② while joint stiff & 70% loss of ROM.
Surgery 11/24/07. ② healed.

Sincerely,

Samuel R. Del Jr.
MD

PT under the care of orthopedic Dr. Joseph J. Spina.
718-279-8107

**PLEASE MARK X ON THE AREAS OF PAIN
POR FAVOR MARQUE CON X DONDE TENGA DOLOR**



PATIENT'S NAME LEE, YU LIANG

DATE 3/3/08

BENIGNO R. SALES, JR., M.D.

INTERNAL MEDICINE

142-18 38TH AVENUE, #CFD

FLUSHING, NEW YORK 11354

TELEPHONE (718) 886-2288

DATE 3/31/08

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT

LEI, YU LIANG

HAS BEEN UNDER MY PROFESSIONAL CARE. AND WAS
TOTALLY INCAPACITATED

FROM 11/23/07 TO 3/31/08

REMARKS: fracture @ ankle
S/P SURGICAL repair 11/24/07

DR. BENIGNO R. SALES, JR., MD

INTERNAL MEDICINE

142-18 38 AVE. # CF-D

FLUSHING, NY. 11354

718-886-2288 LIC # 119359.

Date 3/31/08

Patient Name: Last LSI

Name YU LIANG

Age: 49

D.O.A 11/23/2007

OFFICE VISIT FOLLOW UP

Chief Complaint:

Diagnosis

The patient complaints of:

- Headaches
- Pain in the neck area
- Restricted movement in neck
- Pain in the low back
- Restricted movement in the low back

While working hard, some times pain when walking.

Physical Examination:

Physical examination revealed:

CERVICAL SPINE: Range of motion of the cervical spine:

<u>Examination (degrees)</u>	<u>NORMAL</u>	<u>OBSERVED</u>
• Flexion	60	} M2
• Extension	50	
• Right Lateral Flexion	40	
• Left Lateral Flexion	40	
• Left Rotation	40	
• Right Rotation	40	

Examination demonstrates point's tenderness of the cervical spine, trigger points of the upper and middle trapezium muscle.

Shoulder exam's/ R Range of motion: Flexion, Extension, Abduction and Adduction...There is point tenderness and pain by palpitation of the acromioclavicular, glenohumeral, sternoclavicular joints of the shoulder.

<u>Examination (degrees)</u>	<u>NORMAL</u>	<u>OBSERVED</u>
• Flexion	180	} M2
• Extension	40	
• Abduction	60	
• Adduction	25	
• Internal rotation	30	
• External Rotation	30	

LUMBOSACRAL SPINE: Range of motion of the lumbar spine decreased.

Examination (degrees)	NORMAL	OBSERVED
• Flexion	90	M/A
• Extension	30	
• Right Lateral Flexion	20	
• Left Lateral Flexion	20	
• Right Rotation	20	
• Left Rotation	20	

① *Male; 50 years old, weight 180 lbs, height 5'7". Joint stiffness - 85% loss of rotation - R/L. Flexion - 50% loss R/L. Rotation - 50% loss.*

Examination demonstrates tenderness (muscle spasm) of the lumbar Para spinal muscle.

Trigger points at the level L4-S1

Compression test positive at level of L 4-S1

LOWER LIMBS: There is no peripheral edema, Peripheral pulses equal and good

MRI results: C/spine

L/spine

TREATMENT PLAN:

1. The patient is advised to continue physical therapy program on the regular schedule basis 3(x) a week for 4-6 weeks.
2. Application of surface neurostimulator (TENS UNIT), low voltage, continuous/reciprocal duration of the treatment.
3. Synaptic (nerve block) treatment 1/ week for 6 weeks.
4. Follow-up visit schedule in 4-6 weeks
5. ROM of upper/Lower Extremities
6. EKG
7. Outcomes Assessment Narrative Summary
8. Neurological Evaluation (Based on MRI results)
9. Orthopedic Evaluation (based on X-Ray & MRI results)

PT CAN WALK WITHOUT CANE OR CRUTCHES. PT SAYS HIS WORK IS FINALLY WORKING. SITTING DOWN MOSTLY. THEREFORE HE CAN GO BACK TO WORK TOMORROW 9/1/08

Benigno R. Sales

Benigno R. Sales M.D.

B. R. Sales M.D. P.C.

136-75 37th Ave Suite # 11 Flushing NY 11354

Tel: (718) 886 - 6088, Fax: (718) 886 - 6033

Lic.# _____

PATIENT NAME: LEI YU LIN

D.O.B.: _____

ADDRESS: _____

☐ CERVICAL COLLAR

☐ LUMBAR CUSHION

☐ ORTHO/CERVICAL PILLOW

☐ LSO BACK SUPPORT

☐ ORTHOPEDIC CAR SEAT

☐ T/L/S/O BACK SUPPORT

☐ CERVICAL TRACTION

☐ BED BOARD

☐ SHOWER MASSAGER

☐ EGG CRATE MATTRESS

☐ THERMOPHORE

☒ INFRA RED LAMP

☐ MASSAGER

☐ D/L/S SUPPORT

☐ COLD/HOT PACK

☐ OVERDOOR PULLEY EXERCISER

☐ ANKLE SUPPORT

☐ SHOWER MASSAGER

☐ KNEE SUPPORT

☐ ARM SLING

☐ SHOULDER SUPPORT

☐ ELBOW SUPPORT

☐ WRIST SUPPORT

☐ CANE

☐ EMS UNIT

☐ LSO SUPPROT (CUSTOM FITTED)

☐ EMS BELT

☐ PARAFFIN BATH

☒ WHIRLPOOL

☐ K.O.RIGID ADJ. (CUSTOM FITTED)

COMMENTS: _____

Signature: [Signature]

Date: 3/3/08

Physical Therapy Evaluation

Patient: Yu Liang, Lei

Date: 3/4/08

☒ Male ☐ Female

Age: 49

PERSONAL DATA:

Are you currently working?

☐ Yes ☒ No

What is your occupation? _____

COMPLAINT:

ankle
weakness

Level of Pain: 1 2 3 4 5 6 7 8 9 10
Mild Moderate Extreme
Discomfort Pain Agony

Description of Pain:

☒ Sharp ☐ Dull ☐ Burning
☒ Aching ☐ Tingling ☐ Numb
☐ Constant ☐ Variable ☐ Radiating (moves)

Positions or Activities that make Pain Worse: walking & crutch use after surgery

Positions or Activities that Lessen Pain: rest

HISTORY:

How did the problem(s) start? fall - slip 11/07 slip over 11/07

PMHx: (circle)

Medications you are taking for this problem: (circle)

Test or Treatments you have had for this problem: _____

Posture:

Sitting: mild kyphotic posture

Standing: _____

Therapist: Ki Yom RPT

RANGE OF MOTION: (P=PAIN) (Note ROM)

Comments: JK

Neck/Trunk

Neck/Trunk

Flexion

Extension

L. Side Glide

R. Side Glide

L. Rotation

R. Rotation

L. Side Bend

R. Side Bend

ankle DF WR 0-5
IF WF 0-10
WL WF 0-5
EV WF 0-2

Active Movement:

KEY:

Muscle Test:

Neck

Cervical Flexion

Cervical L. Rotation

Cervical L. Side Bend

Cervical Extension

Cervical R. Rotation

Cervical R. Side Bend

Upper Extremities

C5 Deltoid

R

L

C7 Triceps

R

L

C6 Wrist Extensors

R

L

C8 Fingers Flexors

R

L

Trunk

Trunk Flexion

Trunk Extension

Lower Extremities

L1,2 Psoas

R

L

L3 Quad

R

L

L4 Anterior Tibialis

R

L

L5 Extensor Hallicus Longus

R

L

S1 Peroneals

R

L

Neurological:

Sensation:

Reflexes:

Soft Tissue/Palpation

Gait:

Special Tests:

Rx Given:

Assessment:

Goals:

Short-Term Goals (Less than 3 weeks)

☒ Independent Home Program

☒ Decrease Pain

☒ Increase ROM

Long-Term Goals (Less than 6 weeks)

☒ Independent in Activities of Daily Living

☒ Decrease Pain

☒ Increase ROM

PLAN:

Duration: 4 wks

Frequency: 2-3 times/wk

PHYSICAL THERAPY PROGRESS NOTE

NO INS
INTD

LAST NAME:	Le	FIRST NAME:	Yu Hany
AGE:	49	MI:	FI:
DIAGNOSIS:	Ankle sprain		
PRECAUTION:	No Tens, w/ w		
DOA:	[X] N/F		

DATE			P.T. Modality/ Procedure							REMARK	Provider's signature	Patient's signature
M	D	Y	H	E	U	T	T	P	OTHER			
P	S	S	M	E	B							
3	4	2008								Pain & weakness of ankle	[Signature]	Yu Hany
3	5	2008								Pain & weakness of ankle	[Signature]	Yu Hany
3	6	2008								Pain & weakness of ankle	[Signature]	Yu Hany
3	7	2008								Pain & weakness of ankle	[Signature]	Yu Hany
3	11	2008								Pain & weakness of ankle	[Signature]	Yu Hany
3	18	2008								Pain & weakness of ankle	[Signature]	Yu Hany
3	20	2008								Pain & weakness of ankle	[Signature]	Yu Hany
3	24	2008								Pain & weakness of ankle	[Signature]	Yu Hany
3	28	2008								Pain & weakness of ankle	[Signature]	Yu Hany
3	31	2008								Pain & weakness of ankle	[Signature]	Yu Hany

✓ HP - hot pack

✓ ES - electrical stimulation

✓ US - ultrasound

✓ TM - therapeutic massage

✓ TE - therapeutic exercise

✓ PB - paraffin bath

PHYSICAL THERAPY PROGRESS NOTE

LAST NAME: Loi	FIRST NAME: Yu Liang
AGE: 49	M <input checked="" type="checkbox"/> F <input type="checkbox"/>
DIAGNOSIS: @ ankle	
PRECAUTION:	
DOA:	<input checked="" type="checkbox"/> N/F

DATE			P.T. Modality/ Procedure								REMARK	Provider's signature	Patient's signature
M	D	Y	H	E	U	T	T	P		OTHER			
			P	S	S	M	E	B					
4	3	2008									pain & weakness of @ ankle closed chain ex. strengthening	[Signature]	Yu Liang
4	4	2008									weakness of @ ankle closed chain ex. strengthening	[Signature]	Yu Liang
4	7	2008									pain & weakness of @ ankle BAPS, calf stretching (L) calf	[Signature]	Yu Liang
4	10	2008									weakness of @ calf closed chain ex. - Ankle ex.	[Signature]	Yu Liang
4	14	2008									pain & weakness of @ ankle endurance of med @ of @ ankle	[Signature]	Yu Liang
4	18	2008									transferring to foot pressure stretching calf, foot	[Signature]	Yu Liang
4	22	2008									pain & weakness of @ calf & foot BAPS, stretching, strengthening	[Signature]	Yu Liang
4	24	2008									pain & weakness of @ calf & foot closed chain ex. BAPS, Ankle ex.	[Signature]	Yu Liang
4	29	2008									pain & weakness of @ calf & foot closed chain ex. hip flex ex. & foot	[Signature]	Yu Liang
5	2	2008									weakness of @ foot closed chain ex. Toe toe ex.	[Signature]	Yu Liang

✓ HP - hot pack	✓ US - ultrasound	✓ TE - therapeutic exercise
✓ ES - electrical stimulation	✓ TM - therapeutic massage	✓ PB - paraffin bath

PHYSICAL THERAPY PROGRESS NOTE

LAST NAME: <u>Lai</u>	FIRST NAME: <u>Yuhuang</u>
AGE: <u>49</u>	M <input checked="" type="checkbox"/> F <input type="checkbox"/>
DIAGNOSIS: <u>(L) ankle</u>	
PRECAUTION:	
DOA: <input checked="" type="checkbox"/> N/F	

DATE			P.T. Modality/ Procedure								REMARK	Provider's signature	Patient's signature
M	D	Y	H	P	U	S	T	M	T	P	OTHER		
5	5	2008											
5	8	2008											
5	12	2008											
5	15	2008											
		2008											
		2008											
		2008											
		2008											
		2008											

✓ HP - hot pack	✓ US - ultrasound	✓ TE - therapeutic exercise
✓ ES - electrical stimulation	✓ TM - therapeutic massage	✓ PB - paraffin bath

EAST WEST ACUPUNCTURE N.Y., PC
NEW YORK STATE LICENSED ACUPUNCTURIST S.O.A.P. PROGRESS NOTES

PATIENT'S NAME: LEI, YU LIANG
ACUPUNCTURIST: XIAO BIN YE

DOA: 11/23/07
NY STATE LICENSE NO: 2102

DATE		Subjective Findings (Patient's Complaints)		Objective Findings				Assessment				Patient's Signature	Acupuncturist's Signature
MM	DD	YY	Neck	Shoulder	Back	Knees	Others	Type of Needles	Injection Sites	Degree of Relief	Treatment Plan		
3	3	08	PA ① SF ①				ankle ①		intestial Exam			Yu Liang	2102
3	3	08	PA ① SF ①				ankle ①	36x1.0	K13, K14 BL60, ST40	36x1	L	Yu Liang	2102
3	4	08	PA ① SF ①				ankle ①	36x1.0	KD3, KD4	L	L	Yu Liang	2102
3	5	08	PA ① SF ①				ankle ①	36x1.0	BL60, ST40	L	L	Yu Liang	2102
3	6	08	PA ① SF ①				ankle ①	36x1.0	AS, K14, KD3, KD4	L	L	Yu Liang	2102
3	10	08	PA ① SF ①				ankle ①	36x1.0	AS, K14, KD3, KD4	L	L	Yu Liang	2102
3	11	08	PA ① SF ①				ankle ①	36x1.0	AS, K14, KD3, KD4	L	L	Yu Liang	2102
3	12	08	PA ① SF ①				ankle ①	36x1.0	AS, K14, KD3, KD4	L	L	Yu Liang	2102
3	18	08	PA ① SF ①				ankle ①	36x1.0	AS, K14, KD3, KD4	L	L	Yu Liang	2102
3	24	08	PA ① SF ①				ankle ①	36x1.0	AS, K14, KD3, KD4	L	L	Yu Liang	2102

- Treatment Plans
1. Continuous Acupuncture Treatment
 2. Revisit if Symptoms Persist
 3. No Future Treatment Needed at Present

Degree of Relief
L: Little Relief
M: Moderate Relief
S: Significant Relief

Complaints
CA: Cervalgia
PA: Pain, Ankle
PE: Pain, Elbow
PH: Pain, Hip
PK: Pain, Knee
PCS: Pain, Solatica
PLB: Pain, Lower Back
PSH: Pain, Shoulder
PTS: Pain, Thoracic
SH: Pain, Strain, Hand

A

EAST WEST ACUPUNCTURE N.Y., PC
NEW YORK STATE LICENSED ACUPUNCTURIST S.O.A.P. PROGRESS NOTES

PATIENT'S NAME: IEI. YULIANG DOA: 11/23/07
ACUPUNCTURIST: XIAO BIN - YE NY STATE LICENSE NO: 2102

DATE		Subjective Findings (Patient's Complaints)	Objective Findings				Assessment				Patient's Signature	Acupuncture's Signature		
MM	DD		YY	Neck	Shoulder	Back	Knees	Others	Type of Needles	Injection Sites			Degree of Relief	Treatment Plan
3	28	08	PA (E) PE (E) leg (E)					Ankle (E) Foot (E)	36x1.0 (E) 36x1.0	ST35, 36 (E) KI3, 4, BL60 (E)	L	1	Yuliang	Xiao Bin
3	31	08	PA (E) PE (E) leg (E)					Ankle (E) Foot (E)	36x1.0 36x1.0	ST35, 36 KI3, 4, BL60	L	1	Yuliang	Xiao Bin
4	3	08	PE (E) PE (E) leg (E)					Ankle (E) Foot (E)	36x1.0 36x1.0	ST35, 36 KI3, 4, BL60	L	1	Yuliang	Xiao Bin
4	07	08	PE (E) PE (E) leg (E)					Ankle (E) Foot (E)	36x1.0 36x1.0	ST35, 36 KI3, 4, BL60	L	1	Yuliang	Xiao Bin
4	10	08	PE (E) PE (E) leg (E)					Ankle (E) Foot (E)	36x1.0 36x1.0	ST35, 36 KI3, 4, BL60	L	1	Yuliang	Xiao Bin
4	14	08	PE (E) PE (E) leg (E)					Ankle (E) Foot (E)	36x1.0 36x1.0	ST35, 36 KI3, 4, BL60	L	1	Yuliang	Xiao Bin
4	18	08	PE (E) PE (E) leg (E)					Ankle (E) Foot (E)	36x1.0 36x1.0	ST35, 36 KI3, 4, BL60	L	1	Yuliang	Xiao Bin
4	22	08	PE (E) PE (E) leg (E)					Ankle (E) Foot (E)	36x1.0 36x1.0	ST35, 36 KI3, 4, BL60	L	1	Yuliang	Xiao Bin
4	24	08	PE (E) PE (E) leg (E)					Ankle (E) Foot (E)	36x1.0 36x1.0	ST35, 36 KI3, 4, BL60	L	1	Yuliang	Xiao Bin
4	29	08	PE (E) PE (E) leg (E)					Ankle (E) Foot (E)	36x1.0 36x1.0	ST35, 36 KI3, 4, BL60	L	1	Yuliang	Xiao Bin

Page 15 of 17

Treatment Plans

- Treatment Plans
1. Continuous Acupuncture Treatment
 2. Revisit if Symptoms Persist
 3. No Future Treatment Needed at Present

Degree of Relief

L: Little Relief
M: Moderate Relief
S: Significant Relief

Complaints

CA: Cervalgia
PA: Pain, Ankle
PE: Pain, Elbow
PH: Pain, Hip

PCS: Pain, Solatia
PLB: Pain, Lower Back
PSH: Pain, Shoulder
PTS: Pain, Thoracic

EAST WEST ACUPUNCTURE N.Y., PC
NEW YORK STATE LICENSED ACUPUNCTURIST S.O.A.P. PROGRESS NOTES

PATIENT'S NAME: JELI, YUNLIANG
ACUPUNCTURIST: DYNAT, YUN
DOA: 11/23/07
NY STATE LICENSE NO: 3621

DATE			Subjective Findings (Patient's Complaints)	Objective Findings					Assessment				Patient's Signature	Acupuncture Signature
MM	DD	YY		Pain/ Stiffness/ Spasm					Treatment					
				Neck	Shoulder	Back	Knees	Others	Type of Needles	Injection Sites	Degree of Relief	Treatment Plan		
05	02	08	②PA C-SF ②PA leg		②Ankle			②EL	36x1.0	UB60 61.62 GB40 57 41.44 SP4.5 42.53	L	1	Yun Liang	
05	05	08	②PA C-SF ②PA leg		②Ankle			②EL	36x1.0	UB60 61.62 SP3.6 12.5 Ashi SP4.5 42.53	L	1	Yun Liang	
5	8	08	②PA C-SF ②PA leg		②Ankle			②EL	36x1.0	ST35 36 ST35 36	L	1	Yun Liang	
5	12	08	②PA C-SF ②PA leg		②Ankle			②EL	36x1.0	ST35 36 ST35 36	L	1	Yun Liang	
5	15	08	②PA C-SF ②PA leg		②Ankle			②EL	36x1.0	ST35 36 ST35 36	L	1	Yun Liang	

Complaints

CA: Cervicalgia
PA: Pain, Ankle
PE: Pain, Elbow
PH: Pain, Hip

Degree of Relief

L: Little Relief
M: Moderate Relief
S: Significant Relief

Treatment Plans

1. Continuous Acupuncture Treatment
2. Revisit if Symptoms Persist
3. No Future Treatment Needed at Present

C

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION

-----X
In re: : Chapter 11
: :
CIRCUIT CITY STORES, INC., : Case No.: 08-35653 (KRH)
et al., : :
: :
Debtors. : Jointly Administered
-----X

**RESPONSE TO DEBTORS' THIRTY-FIRST OMNIBUS OBJECTION TO
CLAIMS (DISALLOWANCE OF CERTAIN LEGAL CLAIMS)**

SACKSTEIN SACKSTEIN & LEE, LLP
Attorneys for Claimant
YU-LIANG LEI (Claim Number 13307)
1140 Franklin Avenue - Suite 210
Garden City, New York 11530
(516) 248-2234

To:

Attorneys for Defendants

Service of a copy of the within

is hereby admitted.

Dated

.....
Attorney(s) for

PLEASE TAKE NOTICE



that the within is a (certified) true copy of a
entered in the office of the clerk of the within named court on

NOTICE OF
ENTRY



that an Order of which the within is a true copy will be presented
for settlement to the Hon. one of the
judges of the within named Court.

NOTICE OF
SETTLEMENT

Dated: